

MULTIPLE DEPENDENT  
FEE CALCULATION FORM  
(FOR USE WITH FORM 1)  
IM  
ST  
15)

APPLICANT(S)

587394

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
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48				
49				
50				
TOTAL IND.	1	1	1	1
TOTAL DEP.	10	10	10	10
TOTAL CLAIMS	11			

1  
TOTAL  
IND.  
TOTAL  
DEP.  
TOTAL  
CLAIMS

1  
TOTAL  
IND.  
TOTAL  
DEP.  
TOTAL  
CLAIMS

1  
TOTAL  
IND.  
TOTAL  
DEP.  
TOTAL  
CLAIMS

PTO-1360 (3-76)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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